

JC20 Rec'd PCT/PTO 28 SEP 2009

Application Data Sheet

## Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD_R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence Submission::	Yes
Computer Readable Form (CRF)?::	No
Title::	CANINE EMBRYONIC STEM CELLS
Attorney Docket Number::	14096.0056USWO
Request For Early Publication::	No
Request For Non-Publication::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	9
Small Entity::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

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## Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: Suzana  
Middle Name::  
Family Name:: ROSIC-KABLAR  
Name Suffix::  
City of Residence:: Toronto  
State or Province of Residence:: Ontario  
Country of Residence:: Canada  
Street of mailing address:: 53 Thorncliffe Park Drive  
City of mailing address:: Toronto  
State or Province of mailing address:: Ontario  
Country of mailing address:: Canada  
Postal or Zip Code of mailing address:: M4H 1L1

## Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: Margaret  
Middle Name:: R.  
Family Name:: HOUGH  
Name Suffix::  
City of Residence:: Toronto  
State or Province of Residence:: Ontario  
Country of Residence:: Canada  
Street of mailing address:: 218 Airdrie

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City of mailing address:: Toronto  
State or Province of mailing address:: Ontario  
Country of mailing address:: Canada  
Postal or Zip Code of mailing address:: M4G 1M8

### Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: Andras  
Middle Name::  
Family Name:: NAGY  
Name Suffix::  
City of Residence:: Toronto  
State or Province of Residence:: Ontario  
Country of Residence:: Canada  
Street of mailing address:: 50 John Street Apt. 1009  
City of mailing address:: Toronto  
State or Province of mailing address:: Ontario  
Country of mailing address:: Canada  
Postal or Zip Code of mailing address:: M5V 3T5

### Correspondence Information

Correspondence Customer Number:: 23552

### Representative Information

Representative Customer Number::	23552
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## Domestic Priority Information

Application::	Continuation Type::	Parent Application::	Parent Filing Date::
This Application is a	National Stage of	PCT/CA2004/000456	03/26/04
PCT/CA2004/000456	International of	60/458,863	03/28/03
PCT/CA2004/000456	International of	60/526,385	12/01/03

## Assignee Information

Assignee Name:: Sunnybrook and Women's College Health  
Sciences Centre  
Street of mailing address:: 2075 Bayview Avenue, S - 130  
City of mailing address:: Toronto  
State or Province of mailing address:: Ontario  
Country of mailing address:: Canada  
Postal or Zip Code of mailing address:: M4N 3M5

## Assignee Information

Assignee Name:: Mount Sinai Hospital  
Street of mailing address:: 600 University Avenue  
City of mailing address:: Toronto  
State or Province of mailing address:: Ontario  
Country of mailing address:: Canada  
Postal or Zip Code of mailing address:: M5G 1X5